Wesleyan University

PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration of permitting_____to enroll or participate in certain activities, conferences, trips, etc. described as:

_____

_____(the "Activity")

offered by Wesleyan University beginning on or about the_____day of_____, 20____, the undersigned, on behalf of themselves, their heirs, executors, administrators and all of the assigns of any of them, hereby knowingly and voluntarily **RELEASES, WAIVES, FOREVER RELINQUISHES and DISCHARGES** Wesleyan University, its trustees, officers, agents, servants and employees (the "Released Parties") from any and all claims, causes of action, liability of any type whatsoever including but not limited to liability for personal injury, property damage or wrongful death occurring or arising as a result of, incidental to or related to engaging in the Activity, whether the same shall arise by the negligence of any of the Released Parties or otherwise.

BY SIGNING THIS AGREEMENT, IT IS THE INTENTION OF THE UNDERSIGNED TO EXPRESSLY ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO THE EXCLUSION OF WESLEYAN UNIVERSITY AND TO EXEMPT AND RELIEVE WESLEYAN UNIVERSITY FROM LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, INCLUDING WHERE CAUSED BY NEGLIGENCE.

The undersigned for themselves, their heirs, executors, administrators and/or assigns of any of them agrees that, in the event any claim for property damage, personal injury or wrongful death shall be prosecuted against Wesleyan University arising out of, incidental to or related to them and the Activity, they shall indemnify and hold harmless Wesleyan University from any and all claims, causes of action, liability, damage, cost or expense by whomever or wherever made or presented arising as a result thereof.

The undersigned acknowledges that they have read this Agreement, have been fully and completely advised of the potential dangers incidental to engaging in the Activity and are fully aware of the legal consequences of signing this Agreement.

CIRCLE ONE: Student Graduate Faculty Staff Guest/Visitor Other_____

_____	_____	_____	_____
Printed Name	Signature	Date	Date of Birth

For Minors

_____	_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature	Date